

UNITED STATES

UTILITY PATENT APPLICATION DECLARATION AND POWER OF ATTORNEY – ORIGINAL APPLICATION	ATTORNEY'S DOCKET NO. 205,530
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As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name:

I verily believe I am the original, first and sole inventor (if only one name is listed below) or a joint inventor (if plural inventors are named below) of the invention entitled

(1) TITLE OF
INVENTION

(1) COMPLEXES OF IMMUNOGLOBULINS AND POLYSACCHARIDES FOR ORAL AND TRANSMUCOSAL ABSORPTION

the specification of which

(2) CHECK
APPROPRIATE
BOX

(2) ☒ is attached hereto.

☐ was filed on _____ as Application No. _____

and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge my duty to disclose information of which I am aware which is material to the patentability of this application under 37 CFR 1.56(a): the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representatives or assigns more than twelve months prior to this application; and as to applications for patents or inventor's certificate on the invention filed in any country foreign to the United States prior to this application by me or my legal representatives or assigns.

(3) CHECK
APPROPRIATE
BOX

(3) ☐ no such applications have been filed, or

☒ such application(s) have been filed as follows:

(4) COMPLETE
DATA
INDICATED
IF
APPLICABLE

EARLIEST FOREIGN APPLICATION(S), IF ANY, FILED WITHIN 12 MONTHS PRIOR TO THIS APPLICATION				
Country	Application Number	Date of Filing (day, month, year)	Date of Issue (day, month, year)	Priority Claimed Under 35 USC 119
(4) ITALY	MI2001 A 000347	21 February 2001		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
ALL FOREIGN APPLICATIONS, IF ANY, FILED MORE THAN 12 MONTHS PRIOR TO THIS APPLICATION				
(4)				

I hereby claim the benefit under Title 35, United States Code § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112. I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application.

(5) COMPLETE
DATA INDICATED
IF APPLICABLE

(5) _____
(Application Serial No.) (Filing date) (Status: patented, pending, abandoned)

(5) _____
(Application Serial No.) (Filing date) (Status: patented, pending, abandoned)

Power of Attorney: As a named inventor, I hereby appoint the following attorney(s) and agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Jeffrey A. Schwab, Registration Number 24,490
Thomas E. Spath, Registration Number 25,928
Jay S. Cinamon, Registration Number 24,156
Joseph J. Catanzaro, Registration Number 25,837

Howard R. Jaeger, Registration Number 31,376
Abigail F. Cousins, Registration Number 29,292
Anthony Coppola, Registration Number 41,493
Alan D. Gilliland, Registration Number 26,549

Send correspondence to:
ABELMAN, FRAYNE & SCHWAB
150 East 42nd Street
New York, New York 10017-5612

Direct telephone calls to:
Jeffrey A. Schwab, Thomas E. Spath,
Jay S. Cinamon, Howard R. Jaeger,
Joseph J. Catanzaro, Abigail F. Cousins
or Anthony Coppola at (212) 949- 9022

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

(6) DETAILS
REQUIRED
FOR EACH
INVENTOR

Full Name of Sole or First Inventor Rolando WYSS	Inventor's Signature	Date
Residence Am, Exerzerierplatz, 33 – 9490 Vaduz, LIECHTENSTEIN	Citizenship SWISS	
Post Office Address Same as above		
Full Name of Second Joint Inventor, If Any Bernard Bizzini	Inventor's Signature	Date
Residence 65, Rue du Roc – 81000 Albi, FRANCE	Citizenship FRENCH	
Post Office Address Same as above		
Full Name of Third Inventor, If Any Ivo VOLPATO	Inventor's Signature	Date
Residence Via Carlo Cattaneo, 22 – 06070 San Mariano (Prov. of Perugia) ITALY	Citizenship ITALIAN	
Post Office Address Same as above		
Full Name of Fourth Joint Inventor, If Any	Inventor's Signature	Date
Residence	Citizenship	
Post Office Address		
Full Name of Fifth Joint Inventor, If Any	Inventor's Signature	Date
Residence	Citizenship	
Post Office Address		
Full Name of Sixth Joint Inventor, If Any	Inventor's Signature	Date
Residence	Citizenship	
Post Office Address		

ABELMAN, FRAYNE & SCHWAB 150 East 42nd Street, New York, New York 10017-5612

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